

Highland Cardinal Club  
Before/After School Registration Form  
(Please print neatly)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender M/F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Persons

FIRST

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

SECOND

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Persons Authorized To Pick Up Your Child(ren)

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Are there any persons who are not permitted to pick up your child?

1. \_\_\_\_\_ Relationship to Child \_\_\_\_\_
2. \_\_\_\_\_ Relationship to Child \_\_\_\_\_

## ADDITIONAL INFORMATION

Any Medical Problems \_\_\_\_\_  
Any Known Allergies \_\_\_\_\_  
Any recent injuries or hospitalizations \_\_\_\_\_  
Current Medication \_\_\_\_\_  
Any additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_